

RECEIVED
CENTRAL FAX CENTER


MAR 2 2007

CONFIDENTIAL

TO EXAMINER: Gabriel L. Chu FAX #: 571-273-8300GROUP ART UNIT: 2114ADDRESS: U.S. Patent and Trademark Office
P.O. Box 1450, Alexandria, VA 22313-1450EXAMINER PHONE: 571-273-8300Transmitted here with regarding Attorney docket no. 00121-000700000, Application Serial No. 10/695,889, Filed October 28, 2003, are the following:

- ☒ RCE Transmittal
☒ Fee Transmittal Form
☐ PTO form 2038, Credit Card Payment Form for payment in the amount of \$
☒ Response under 37 CFR 1.11 (14 pages)
☐ Terminal Disclaimer

I hereby certify that this correspondence and all correspondence identified as accompanying this correspondence is being transmitted by facsimile and addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 03/21/2007.


Leland Wiesner, Reg. No. 39424

16 PAGE(S) TO FOLLOW THIS COVER SHEET

IF YOU DO NOT RECEIVE THE CORRECT NUMBER OF PAGES,
PLEASE CALL (650) 853-1113

PTO/SB/17 (10-03)

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2007

Effective 12/08/2004 (revisions effective February 1, 2007).

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$1160.00)

Complete if Known

Application Number 10/695,889
 Filing Date 10/28/2003
 First Named Inventor GHOSE, et al.
 Examiner Name Gabriel L. Chu
 Art Unit 2114
 Attorney Docket No. 00121-000700000

RECEIVED
 CENTRAL FAX CENTER
 MAR 22 2007

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account

Deposit
 Account
 Number
 Deposit
 Account
 Name

502217

Wiesner & Associates

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☐ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code		
1001 790	2001 395	Utility filing fee	0
1002 350	2002 175	Design filing fee	0
1003 550	2003 275	Plant filing fee	0
1004 790	2004 395	Reissue filing fee	0
1005 200	2005 100	Provisional filing fee	0

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims			
36	35** = 1 X	50	50
8	7** = 1 X	200	200
Multiple Dependent			0

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple dependent claim, if not paid
1204 200	2204 100	**Reissue independent claims over original patent
1205 50	2205 25	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$250.00)

** or number previously paid, if greater, For Reissues, see above

FEE CALCULATION (continued)

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code		
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 120	2251 60	Extension for reply within first month	120
1252 450	2252 225	Extension for reply within second month	
1253 1020	2253 510	Extension for reply within third month	
1254 1,590	2254 795	Extension for reply within fourth month	
1255 2160	2255 1,080	Extension for reply within fifth month	
1401 500	2401 250	Notice of Appeal	
1402 500	2402 250	Filing a brief in support of an appeal	
1403 1000	2403 500	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 500	2452 250	Petition to revive - unavoidable	
1453 1,500	2453 750	Petition to revive - unintentional	
1501 1,400	2501 700	Utility issue fee (or reissue)	
1502 800	2502 400	Design issue fee	
1503 1100	2503 550	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 790	2809 395	Filing a submission after final rejection (37 CFR 1.129(e))	
1810 790	2810 395	For each additional invention to be examined (37 CFR 1.129(b))	
1801 790	2801 395	Request for Continued Examination (RCE)	790
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$910.00)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) Leland Wiesner Registration No. 39424 Telephone (650) 853-1113
 Signature [Signature] Date 3/21/2007

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.